



Covina Police Department  
444 North Citrus Avenue  
Covina, CA 91723  
(626) 384-5595, Ext. 5623  
<http://www.covinaca.gov/city-departments/police>

**EVENT PROMOTER PERMIT  
PART A: EXHIBIT 5  
GENERAL PARTNERSHIP ("LP")  
INFORMATION**

**EVENT PROMOTER PERMIT APPLICATION: PART A: EXHIBIT 5  
GENERAL PARTNERSHIP ("GP") INFORMATION**

*(Please type or print clearly. If additional space is needed, attach additional pages.)*

General Partnership				
<b>Partnership Name:</b>				
<b>Partnership Address:</b>				
<b>Partnership Mailing Address (if different):</b>				
<b>Contact Telephone Number:</b>			<b>E-Mail:</b>	
<b>Name of Agent for Service of Process:</b>				
<b>Address of Agent for Service of Process:</b>				
<b>Names &amp; Complete Addresses of Each Partner:</b>				
<b>NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
NAME	ADDRESS	CITY	STATE	ZIP CODE
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NAME	ADDRESS	CITY	STATE	ZIP CODE

☐ Additional page(s) attached.

I, the undersigned, have read Covina Municipal Code Chapter 5.28 ("Entertainment") with reference to this application and the presentation of entertainment in the City of Covina. I am duly authorized as or by the business owner to submit this application on the business owner's behalf. I affirm under penalty of perjury that the contents of this application (and all Exhibits and Attachments hereto) are true and accurate.

<b>Printed Name:</b>		<b>Title:</b>	
<b>Signature:</b>		<b>Date:</b>	

*Copy of the Statement of Partnership Authority and all amendments thereto must be attached.*

Additional Information: \_\_\_\_\_